

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550441

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	1					
12	5					
13	4					
14	4					
15	4					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	1					
24	1					
25	1					
26	1					
27	4					
28	4					
29	0					
30	0					
31	0					
32	0					
33	0					
34	1					
35	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						